

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

TOMELLA A WASHINGTON

Debtor(s)

Case No. 15-06615

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/26/2015.
- 2) The plan was confirmed on 06/23/2015.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 01/19/2016.
- 6) Number of months from filing to last payment: 7.
- 7) Number of months case was pending: 12.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

NET RECEIPTS:	\$904.54
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TOTAL EXPENSES OF ADMINISTRATION:	\$904.54
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Attorney fees paid and disclosed by debtor:	\$8.00
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Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
CITY OF BLUE ISLAND	Unsecured	250.00	NA	NA	0.00	0.00
CITY OF BLUE ISLAND	Unsecured	250.00	NA	NA	0.00	0.00
CITY OF BLUE ISLAND	Unsecured	250.00	NA	NA	0.00	0.00
CITY OF BLUE ISLAND	Unsecured	250.00	NA	NA	0.00	0.00
CITY OF BLUE ISLAND	Unsecured	250.00	NA	NA	0.00	0.00
CITY OF BLUE ISLAND	Unsecured	250.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	3,000.00	2,879.20	2,879.20	0.00	0.00
COMED	Unsecured	237.00	NA	NA	0.00	0.00
COOK COUNTY CIRCUIT COURT	Unsecured	375.00	NA	NA	0.00	0.00
COOK COUNTY CIRCUIT COURT	Unsecured	190.00	NA	NA	0.00	0.00
EMERGENCY CARE PHYSICIAN SVC	Unsecured	680.00	NA	NA	0.00	0.00
EMERGENCY CARE PHYSICIAN SVC	Unsecured	376.00	NA	NA	0.00	0.00
LAKE COUNTY TREASURERS OFFICE	Unsecured	1,545.50	NA	NA	0.00	0.00
MANSARDS	Unsecured	3,590.00	NA	NA	0.00	0.00
METROSOUTH MEDICAL CENTER	Unsecured	9,074.00	NA	NA	0.00	0.00
METROSOUTH MEDICAL CTR	Unsecured	1,000.00	NA	NA	0.00	0.00
PATHOLOGY CONSULTANTS OF CHI	Unsecured	582.00	NA	NA	0.00	0.00
SPRINT	Unsecured	775.00	NA	NA	0.00	0.00
T MOBILE	Unsecured	849.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$3,511.20	\$0.00	\$0.00

Disbursements:	
Expenses of Administration	<u>\$904.54</u>
Disbursements to Creditors	<u>\$0.00</u>
TOTAL DISBURSEMENTS :	<u>\$904.54</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 03/02/2016

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.